

The Perception of Student Nurses in Clinical Practice

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Introduction

Critiquing can be thought of as looking at a completed jigsaw puzzle. Does it form a comprehensive picture, or is there a piece out of place (LoBiondo-Wood & Haber, 2010, p. 14)? The researchers attempted to put together a puzzle. The objective of this literature review is to find out about student nurse's perception in clinical practice. The findings of the literature review showed that the perception of students did change and for the better.

Data was collected using questionnaires and statistical software for analyzing the data such as the Statistical Package for Social Sciences (SPSS) version 20. Sternberg tested the data with Mann-Whitney U test. Shearer used Burnard's (1991) framework of thematic content analysis. Ethical considerations were addressed by both group of researchers. Sternberg found that overall the student nurses were positive of the peer learning experience. Five themes were harvested from Shearer research. The discussion compared the arguments for and against the research. Limitations were described and the conclusion summarized the contribution of the research and indicated any areas that needed further work.

Critical Analysis

Sternberg research explored the evaluation of 73 first year and 62 third students using a peer learning model in clinical practice and compared perception between both groups. Shearer's research explored the perception of 10 student on an advance course and the factors that affected their progression. Sternberg research contributed to the advancement of student learning in clinical practice by attempting to implement a peer learning model in the health service of Sweden. Shearer's work contributed to the progression of nurses education and advancing the frontier of the nurse domain..

Sternberg study group consisted of 135 students. The ratio of male to female student nurses were about 1/4. The mean of the age was 26. From shearer work these findings emerged from the data, improved clinical assessment skills, benefits of an educational framework, increased confidence, importance of networking, increased autonomy.

Sternberg together with academics and clinical teachers developed questionnaires so did Shearer. Five open ended questions and eight closed questions using a four point Likert scale was deemed sufficient. Variables such as age, sex and year were added. Four students in the first and third year were used to test for validity and determine whether the questions were clear and understandable or confusing or misleading. A coefficient of 0,879 was obtained using Cronbach's alpha when calculating internal consistency. Cronbach's alpha is a statistical test, it is based on correlational analysis (Fitzpatrick & Wallace, 2006, p. 509) . The value indicated that the items were adequately related on the other hand if the coefficient were 0.0 then it would be a null hypothesis and no relationship would exist in the data.

The tables below reflect the structured questions and questionnaire development that were necessary to proceed with the research questions.

- What were the worst aspects of peer learning?
 - What improvements could be made to the peer learning activities?
 - Are there any other areas that would be suitable for peer learning activities?
 - Any other comments?
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Fig. 1. Presentation of the open-ended questions

Variables	Total <i>n</i> = 135	Students in year 1 <i>n</i> = 62	Students in year 3 <i>n</i> = 73
Gender			
Female	107(79.3 %)	47(75.8 %)	60(82.2 %)
Male	25(18.5 %)	15(24.2 %)	10(13.7 %)
Missing	3(2.2 %)	0	3(4.1 %)
Age (Years)			
Mean	25	24	27
Range	18–50	18–50	20–46

Fig. 2. Demographic Characteristics of students responding to peer learning evaluation form

	Total population (n = 135)		Year one (n = 62)	Year three (n = 73)	p-value ^a
	Mean (SD)	Median ^b	Mean (SD)	Mean (SD)	
To what extent did you learn during the peer learning activities?	3.19 (0.719)	to a high degree	3.33 (0.351)	3.07 (0.757)	<i>0.050</i>
To what extent did you gain new theoretical knowledge?	2.95 (0.829)	to a high degree	3.03 (0.802)	2.88 (0.849)	0.237
To what extent did you gain new practical skills?	3.10 (0.843)	to a high degree	3.18 (0.806)	3.04 (0.873)	0.363
To what extent did you think theory and practice have been merged during peer learning activities?	3.13 (0.733)	to a high degree	3.21 (0.661)	3.06 (0.785)	0.264
Were you properly prepared for your teaching function?	2.77 (0.818)	to a high degree	2.70 (0.760)	2.82 (0.867)	0.329
To what extent do you think that the peer learning activities are complements to traditional precepting?	3.14 (0.848)	to a high degree	3.18 (0.742)	3.11 (0.934)	0.994
Was your preceptor/s properly prepared for the peer learning activities?	3.37 (0.773)	to a very high degree	3.41 (0.739)	3.33 (0.805)	0.654
Were the peer learning activities relevant for your coming profession as a nurse?	3.40 (0.765)	to a very high degree	3.60 (0.557)	3.23 (0.874)	<i>0.017</i>

^aMann-Whitney U-test, significance level 5 %, significant levels in *italics*
^b1 = not at all 2 = to some extent 3 = to a high degree 4 = to a very high degree

Fig. 3. Item statistics and comparison of means for students in year one and three

Pseudonym	Community matron	Clinical practitioner
Imogen	x	
Bernard	x	
Bob	x	
Jess	x	
Elspeth	x	
Sarah	x	
Lorna		x
Agnes		x
Monica		x
Olivia		x

Fig. 4. Participants included in the study

1. What do you believe to be the key concepts in advanced nursing practice?
2. What were the motivating factors to you undertaking a course in advanced nursing practice?
3. Do you feel your autonomy in your role has changed over the course of the programme you are undertaking? If so, how?
4. What factors in the programme have helped your progression to competency in practice?
5. What factors in practice have helped your progression to competency in practice?
6. Do you feel your role has changed throughout the progression of the programme, and if so how?
7. Do you see your role changing further as a process of you having done the course?
8. Have there been any modules that you have undertaken in the programme that you feel did not help your progression?
9. Do you think there are any modules or topics that would be beneficial to include?
10. Which modules have particularly motivated you and helped you progress in your role?
11. What have been the hindrances, if any, to your progression throughout the programme?
12. Where have you had the greatest support to your progression throughout the programme?

Fig. 5. Interview questions formulated.

Interview transcript	Open coding
I felt a lease of confidence that actually when I listen to a [patient's] chest I know what I am talking about.	Lease of confidence.
That has given me the confidence to ask and to challenge them [GPs].	Confidence to challenge GPs.
...I think its to do with confidence.	To do with confidence.
...but the confidence to challenge more within the nursing profession.	Confidence to challenge nursing professionals.
...and the confidence that I've gained on the course has helped throughout.	Confidence gained on the course.
...I'm getting much more confidence now.	Getting more confidence.

Fig. 6. Open coding of interview content part of the thematic process

Shearer informed the students that the data would be destroyed at the end of the research. The students were not directly approached by the lecturers doing the research to participate and that they were informed that their participation would be inconsequential on the results of their coursework..

In Sternberg's discussion not all the students benefited equally. First year student made the most of it. In Shearer's work the extension of nursing duties, roles and expertise evidently led to uncharted waters and possibly encroachment may take place during those extension of the umbrella of the ANP functions (Sternberg & Carlson., 2015). Some limitations were inherent in the research, Shearer work cannot be generalized. Sternberg work was the only one in Sweden and little was reported on student experiences (Sternberg & Carlson., 2015, p. 1).

Other findings were improved clinical assessment skills, benefits of an educational framework, increased confidence, importance of networking, increased autonomy.

The Review

The review identified two papers that met its objective, the perception of student nurses in clinical practice. One written by Sternberg and the other by Shearer. In both papers a positive response was noted in the perception of students in one, the peer model, in the other the advance practice nurse course. The evidence of Sternberg research was sufficient for the educational institution in cooperation with hospital services to possibly implement the model with a few changes. Shearer's research identified what changes that would be necessary in education program modules for advance nurse practice.

A feeling of safety seemed to be connected to students' perception of increased learning and independence in Sternberg research. Shearer work resulted in a positive change in students' advanced nursing practice role, skill, and networking.

Both researchers used questionnaires and statistical analysis (Shearer & Adams, 2012). Ethics was addressed by Shearer and Sternberg. Sternberg did not mention what was done with the collected data after the completion of the study. Shearer stated that all personal data would be destroyed or untraceable to the original participants. Overall the findings were positive for both researches.

The discussion highlighted that corroborating evidence from RCN surveys supported Shearer's findings that ANP did not see themselves as 'mini' doctors (Shearer & Adams, 2012, p. 6). Both researches acknowledged the limitations of their studies, time constraints and generalization (Shearer & Adams, 2012, p. 7), generalization (Sternberg & Carlson., 2015, p. 6).

Although Sternberg research can have positive contributions it nevertheless has an unhealthy competition component among the peer that required a solution. Further research was suggested on the interaction of preceptors with the model. Shearer concluded that a higher authority was required to define the role of ANP. There is a need for national researches to be done in this area.

It was assumed conclusively that ANP duties have yet no legal, institutional definition such as Acts of Parliament which would give them executive powers within the framework of the constitution other than nursing as first level nurse. Perhaps that was why their role were fuzzy and a legal framework was lacking, their work were still regulated by the nursing registry. They can only assumed role defined by law, their roles have not been constitutionally defined, which normally give registered professionals their executive legal powers and accountability.



Notes

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